06/15/2005 18:0	8 FAX 415 576 0						<b>☑</b> 002/003
NUK 1	his form regether wi	fl_plicable f	ee(s), to: <u>N</u> or ]	<u>⁄Iail</u> Fax	Mail Stop ISSUR Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	r Patents jinia 22313-1450	
INSTRUCTIONS This for appropriate. All finite con indicated unless corrected.	m should be used for tran respondence including the blood of directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	E FEB and ders and not ) specifying	PUBLIC ification a new c	CATION FEB (if requ of maintenance fees v orrespondence address	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep-	should be completed whe correspondence address arate "FEB ADDRESS" for
26059 75	E ADDRESS (Note: Use Block 1 for 590 04/07/2005 ND TOWNSEND AI		_P/ 01511	4	have its own certificat	mailing can only be used fis certificate cannot be used all paper, such as an assignme of mailing or transmission.  rtificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fit I Stop ISSUE PEE address TO (703) 746-4000, on the	ent or tormal drawing, m smission
SAN FRANCISCO	), CA 94111-3834						(Depositor's name
/16/2005 TBESHAH2 00000069 201430 10630598					J. Matthew Zigment (Signetum )		
FC:1501 1400.00				6/15/05		(Dai	
FC:1504 300.00	DA						
FC:800 LICATION NO. 00	PIRST NAMED INVENT				ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/630,598	- Dominik J. Schmi			dt	015114-049120US	1638	
nonprovisional	NO NO	\$1400			\$300	\$1700	07/07/2005
EXAMINER		ART UNIT		C	LASS-SUBCLASS	]	
TRINH,	ноа в	2814			438-208000		
	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type) e data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
ALTERA COR	SAN JOSE, CA						
Please check the appropriate						orporation or other private gr	oup entity Governme
4a. The following fee(s) are  Issue Fee	enclosed:	46	Payment of			·· . closed	
Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies 10			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 20-1430 (enclose an extra copy of this form).				
5. Change in Entity Status  a. Applicant claims Sl	(from status indicated above	;)	_			LL ENTITY status. See 37 C	
The Director of the USPTO NOTE: The Issue Pee and Printerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) vards of the United States Pat	ne Pee and Publicat will not be accepted ant and Trademark	ion Fee (if and I from anyone Office.	ry) or to e other t	re-apply any previousl an the applicant; a regi	y paid issue fee to the applications stered attorney or agent; or t	ation identified above. he assignee or other party
Authorized Signature	J-matt	Pment			Date6	/15/05 44,005	
Typed or printed name		<i>y</i>	·		Registration	No	
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandra, Virgi Alexandria, Virginia 22313— Under the Paperwork Reduct	1450.	SEND FEES OR C	OMPLETEL	PORW	2 TO THIS ADDRESS	S. SEND TO: Commissioner	tor Patents, P.O. Box 143



PTO/SB/97 (08-00)

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on June 15, 2005 Date

J. Matthew Zigmant

Typed or printed name of person signing Certificate

In re: application of: Dominik J. Schmidt

Application Number: 10/630,598

Filed: 7/29/03

Title: ADJUSTABLE THRESHOLD ISOLATION TRANSISTOR

Atty Docket Number: 015114-049120US JMZ/lo

Being faxed to the **USPTO**, **Mall Stop Issue Fee** at facsimile number **1-703-746-4000** are the following documents:

- 1. This PTO/SB/97 Certificate of Transmission (1 page); and
- 2. PTOL-85 Part B Fee(s) Transmittal (1 page submitted in duplicate).

Number of pages being transmitted: 3

60516697 v1